

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
SYSTEMS AND METHODS FOR MONITORING WEBSITE ACTIVITY IN REAL TIME

described and claimed in the specification:

Check one

- *a. ☒ attached hereto.
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

NONE

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

NONE

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
Richard E. Rice, Reg. No. 31,560.**

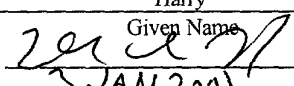
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 Typewritten Full Name of First or Sole Inventor

2 **Inventor's Signature:

3 **Date of Signature:

	Harry	C.	PULLEY
	Given Name	Middle Initial	Family Name
			
	3 JAN 2001		
	Month	Day	Year
Residence:	Guelph	Ontario	Canada
	City	State or Province	Country
Citizenship:	Canada		
	Post Office Address:		
	(Insert complete mailing address, including country)		
	532 Whitelaw Road		
	Guelph, Ontario, Canada N1K 1A2		

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Second Joint Inventor (if any) Michael H. CHAPMAN
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** *Michael Chapman*

3 ****Date of Signature:** January 3 2001
Month Day Year

Residence: Guelph Ontario Canada
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1 **Typewritten Full Name**
of Third Joint Inventor (if any) Sandra LOOP
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2 ****Inventor's Signature:** *Sandra Loop*

3 ****Date of Signature:** January 3 2001
Month Day Year

Residence: Waterloo Ontario Canada
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Post Office Address:
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Typewritten Full Name
of Fourth Joint Inventor (if any) Phillippe F. BERTRAND
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** *Phillippe Bertrand*

3 ****Date of Signature:** January 3 2001
Month Day Year

Residence: Kitchener Ontario Canada
City State or Province Country

Citizenship: Canada

Post Office Address:
(Insert complete mailing address, including country) 74 Hearth Cr.
Kitchener, Ontario, Canada N2M 1G6

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) Thomas B. KAPLER
Given Name Middle Initial Family Name

2 ****Inventor's Signature:**

3 ****Date of Signature:**

Residence: Toronto Ontario Canada
City State or Province Country

Citizenship: Canada

Post Office Address:
(Insert complete mailing address, including country) 81 Baby Point Cresnet
Toronto, Ontario, Canada M6S 2B7

****Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**

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1 **Typewritten Full Name
of First or Sole Inventor**

Harry

C.

PULLEY

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

3 ****Date of Signature:**

Month

Day

Year

Residence:

Guelph

Ontario

Canada

City

State or Province

Country

Citizenship:

Canada

Post Office Address:

(Insert complete

532 Whitelaw Road

mailing address,

including country)

Guelph, Ontario, Canada N1K 1A2

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

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(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Second Joint Inventor (if any)

Michael	H.	CHAPMAN
Given Name	Middle Initial	Family Name

2 **Inventor's Signature: _____

3 **Date of Signature: _____

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	City	State or Province	Country

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mailing address,
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1 **Typewritten Full Name**
of Third Joint Inventor (if any)

Sandra	LOOP
Given Name	Family Name

2 **Inventor's Signature: _____

3 **Date of Signature: _____

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	City	State or Province	Country

Citizenship: Canada

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Phillippe	F.	BERTRAND
Given Name	Middle Initial	Family Name

**Inventor's Signature: _____

**Date of Signature: _____

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	City	State or Province	Country

Citizenship: Canada

Post Office Address:

(Insert complete
mailing address,
including country)

74 Hearth Cr.

Kitchener, Ontario, Canada N2M 1G6

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any)

Thomas	B.	KAPLER
Given Name	Middle Initial	Family Name

2 **Inventor's Signature: _____

3 **Date of Signature: _____

	Month	Day	Year
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	City	State or Province	Country

Citizenship: Canada

Post Office Address:

(Insert complete
mailing address,
including country)

81 Baby Point Cresnet

Toronto, Ontario, Canada M6S 2B7

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